

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**JUN 18 1937**

19780

1. PLACE OF DEATH  
 28 County Christian Registration District No. 181  
 Township Polk Primary Registration District No. 5287  
 City Billing (No. 2) St.          Ward         

2. FULL NAME Stallab Staiger  
 (a) Residence, No.          St.          Ward           
 (Usual place of abode)  
 Length of residence in city or town where death occurred 12 yrs.          mos.          ds.          How long in U. S., if of foreign birth?          yrs.          mos.          ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilhelmine Staiger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 - 1880

7. AGE YEARS 57 MONTHS 5 DAYS          If LESS than 1 day,          hrs. or          min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.         

10. Date deceased last worked at this occupation (month and year)          11. Total time (years) spent in this occupation         

12. BIRTHPLACE (CITY OR TOWN) Hansen Germany (STATE OR COUNTRY)

13. NAME Fredrick Staiger

14. BIRTHPLACE (CITY OR TOWN) Hansen Germany (STATE OR COUNTRY)

15. MAIDEN NAME Klloe

16. BIRTHPLACE (CITY OR TOWN) Hansen Germany (STATE OR COUNTRY)

17. INFORMANT Fred Staiger (ADDRESS) Billing, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACES Evangelical cemetery May 12 1937

19. UNDERTAKER G. S. Wallace (ADDRESS) Billing, Mo

20. FILED May 11 1937 J. H. Brown Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1937

22. I HEREBY CERTIFY, That I attended deceased from May 10 1937 to May 10 1937  
 I last saw him alive on May 10 1937. Death is said to have occurred on the date stated above, at 4:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
acute mening. not known  
chronic myocarditis  
hypertrophy of prostate  
Brucella  
prostate  
 Name of operation          Date of           
 What test confirmed diagnosis?          Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?          Date of injury         , 19          
 Where did injury occur?          (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.         

Manner of injury           
 Nature of injury         

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify           
 (Signed) J. H. Brown, M. D.  
 (Address) Billing, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1. The first part of the report is a general introduction to the subject of the study. It discusses the importance of the problem and the objectives of the research.

2. The second part of the report is a detailed description of the methods used in the study. It includes a description of the experimental design, the data collection procedures, and the statistical methods used for data analysis.

3. The third part of the report is a presentation of the results of the study. It includes a description of the data, a discussion of the findings, and a comparison of the results with previous research.

4. The fourth part of the report is a conclusion and a discussion of the implications of the study. It includes a summary of the main findings, a discussion of the limitations of the study, and suggestions for further research.

5. The fifth part of the report is a list of references and a list of figures and tables.